

## PART B - FEE(S) TRANSMITTAL

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transmitted to the USPTO (703) 746-4000, on the date indicated below. Zilka-Kotab, PC P.O. BOX 721120 SAN JOSE, CA 95172-1120 Fotca L. Farlow 06/07/2005 WABDELR3 00000034 501351 09886167 (Signature 01 FC:1501 1400.00 DA <del>J</del>ane 6, 2005 (Date 02 FC:1504 300.00 DA ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 6707 IREA0002C Thomas C. Poff 06/20/2001 09/886.167 TITLE OF INVENTION: HARDWARE ACCELERATOR FOR AN OBJECT-ORIENTED PROGRAMMING LANGUAGE TOTAL FEE(S) DUE DATE DUE **PUBLICATION FEE** SMALL ENTITY ISSUE FEE APPLN. TYPE XXXXX 06/06/2005 XXXX \$300 XXXX 1,400.00 nunprovisional \$1,700.00 CI.ASS-SUBCI.ASS ART UNIT **EXAMINER** 2163 707-103000 LE. L'YEN T Change of correspondence address or indication of "Fcc Address" (37 CFR 1.363). 2. For printing on the patent front page, list Zilka-Kotab, PC (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Santa Clara, California **NVIDIA Corporation** Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fec(s): ✓ Issue Fee A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) NVIDP316B b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. The Director of the USPTO is requested to apply he Issue Fee and l'ublication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if equippe) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Dale June 6, 2005 Authorized Signature Kevin J. Zilka 41,429 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Registration No. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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Docket No.:



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App. No: 09/886,167

## **FAX COVER SHEET**

Date:	June 6, 2005	Phone Number	Fax Number
То:	Examiner Le	(703) 746-4000	
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